

Joanne Simmons Academy of Dance Registration Form

Name of pupil.....

Address.....

.....Post code.....

Daytime telephone.....

Evening telephone.....

Mobile telephone.....

Date of Birth.....

Email address.....

How did you here about us? (If a pupil from the school recommended us please put their name).....

Please state any relevant medical details of which the school should be aware (**please note that teachers will not be permitted to administer any medications to pupils**). In the event of a medical emergency an ambulance will be called.....

Will another adult be bringing your child to class on a regular basis (former spouse/partner, step parent, grandparent)? If so, please can you complete the following;

Name of parent/carer.....

Relationship to pupil.....

Daytime telephone.....

Evening telephone.....

Mobile telephone.....

Photos and videos are sometimes taken in class. Photographs and videos may be used for publicity purposes. Please sign below if you agree to this;

Signature of Parent/Guardian/Pupil.....

(For School use only)

Pupil's joining date.....Class.....Venue.....

I confirm that I have read and understand the Terms and Conditions of the Joanne Simmons Academy of Dance and I hereby request that you enrol my son/daughter/self (delete as applicable) as a pupil.

Signature of Parent/Guardian/Pupil.....

Print name of Parent/Guardian/Pupil.....

Data Protection Act 1998: Information you provide will be held securely and in accordance with the Data Protection Act 1998. It will not be disclosed to any 3rd party other than the Royal Academy of Dance and any other relevant Dance organisations without your prior written consent, unless there is a legal requirement to do so.